

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H70990

(7)

1. Corporation Name

INNOVA/PURE WATER, INC.

Principal Place of Business

5170 126 AVENUE, NORTH
CLEARWATER FL 34620

Mailing Address

5170 126 AVENUE, NORTH
CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/13/1985

3a. Date of Last Report

08/31/1994

4. FEI Number

59-2567034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NOHREN, JOHN E., JR. *Chairman*
5175 126TH AVENUE, NORTH
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LYONS, GERALD
STREET ADDRESS	5170 126TH AVE. N.
CITY - ST - ZIP	CLEARWATER FL
TITLE	PD
NAME	WILSON, MIKE
STREET ADDRESS	5170 126TH AVE. N.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	LEGNAIOLI, FRANK P.
STREET ADDRESS	5170-126 AVE., N.
CITY - ST - ZIP	CLEARWATER FL
TITLE	DVP
NAME	SONG, BRETT
STREET ADDRESS	5170 126TH AVE. N.
CITY - ST - ZIP	CLEARWATER FL
TITLE	VPO
NAME	NOHREN, JOSEPH H
STREET ADDRESS	5170-126 AVE., N.
CITY - ST - ZIP	CLEARWATER FL
TITLE	STD
NAME	CARSON, DAVID
STREET ADDRESS	5170 126TH AVE. N.
CITY - ST - ZIP	CLEARWATER FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

John E. Nohren, Jr.
John E. Nohren, Jr.
Chairman

Date

(813) 572-1000
Telephone Number